



COMMONWEALTH of VIRGINIA

Thomas Jefferson Health District

In Cooperation with the
State Department of Health

1138 Rose Hill Drive

P. O. Box 7546

Charlottesville, Virginia 22906

ALBEMARLE — CHARLOTTESVILLE
FLUVANNA COUNTY (PALMYRA)
GREENE COUNTY (STANARDSVILLE)
LOUISA COUNTY (LOUISA)
NELSON COUNTY (LOVINGSTON)

Phone (804) 972-6219

FAX (804) 972-4310

Name: _____ Patient #: _____

I understand that I must bring one of the following to the Health Department by:

_____.

___ Proof of my gross family income: paycheck stubs (If "Year to Date" is included on pay stub you will need to bring only one stub, otherwise bring 3 months proof of income.)

___ Medicaid card or notice of eligibility from Social Services.

___ Statement from the Virginia Employment Commission (VEC) stating that I am not employed; I am seeking employment; or I am eligible/ineligible for unemployment compensation; letter of termination or layoff from previous employer.

___ Copy of most recent income tax return or W2.

___ A letter of support from the person providing me food and shelter with a specific date as to how long support will be provided.

___ Other: _____

I understand that until I provide the required proof of income I will be charged the maximum fee for all services received. I also understand that I must provide this information within 10 working days or no adjustment for today's charges will be made.

Applicant/Authorized Representative

Interviewer

Date. _____